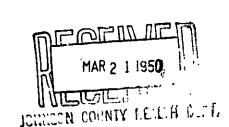
• •••	THE DIVISION OF H	EALTH OF MISSOURI
S. No.300 Y. 10-48	FILED MAR 27 (950 STANDARD CERTI	FICATE OF DEATH State File No. 9411
. 4	BIRTH NO REG. DIST. NO. 1 6 4	PRIMARY REG. DIST. NO. 35 32 Registrar's No. 4
151	a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE b. COUNTY O deceased lived.
0	b. CITY (If outside corporate limits, write RURAL and give C. LENGTH OF OR township) STAY (in this place	
RECORD	d. FULL NAME OF (If not in hespital or institution, give street address or location) HOSPITAL OR	- Secretary - Company
SEC	3. NAME OF a. (First) b. (Middle)	c. (Last) 4. DATE (Month) (Day) (Year)
	(Type or Print) SARAH NATOMI	CRUTCHER JATE (Month) (Day) (Year) OF DEATH March 12 1950
PERMANENT	5. SEX 6. COLOR OF RACE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Bpoelty)	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IN UNDER 22 HES. 1
SRMA	10a. USUAL OCCUPATION (Give kind of work done during most of working lifet eyen if retired) 10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (State or foreign country)
E.	13a. FATHER'S NAME 13b. MOTHER'S MAJDE	Huchmond Virginia U. S.A
∀ ⊡	John S. Russell Sarah	Lamb John C. Crutcher
МАКЕ	IS WAS DECEASED EVER IN U. S. ARMED FORCES? 18. SOCIAL SECURITY (16. no. or unknown) (If year, sive war or dates of service) NO.	
	18 CAUSE OF DEATH MEDICAL	CERTIFICATION INTERVAL BETWEEN
INE	Enter only one cause per 1. DISEASE OR CONDITION line for (a), (b), and (c) DIRECTLY LEADING TO DEATH* (a)	clial Phoumania: ONSET AND DEATH
CK	*This does not mean ANTECEDENT CAUSES	
BLAC	the mode of dying, such as heart failure, asthenia; Morbid conditions, if any, giving DUE TO (b)	(Zeisse
	etc. It means the dis- ease, injury, or complica-	1711
UNFADING	tion which caused death. II. OTHER SIGNIFICANT CONDITIONS & Classical Conditions contributing to the death but not related to the disease or condition causing death.	Valvular Disease?
NEA	19a. DATE OF OPERA-	20. AUTOPSY?
	21a. ACCIDENT (Specify) 21b. PLACE OF INJURY (e.g., in or about	YES NO
USING	SUICIDE home, farm, factory, street, office bldg., etc.) HOMICIDE	Warrensburg Johnson No
ă	21d. TIME (Month) (Day) (Year) (Hour) 21e. ANJURY OCCURRED OF INJURY m. WHATEAT NOT WHILE WORK	21f. HOW DID INJURY OCCUR?
PLAINLY	22. I hereby certify that I attended the deceased from March	9, 1850, to marchiz, 1820, that I last saw the deceased
CATE	alive on March 12, 19 20 and that death occurred at 23a. SIGNATURE () (Degree or title)	23b. ADDRESS 23c. DATE SIGNED
' I	Lill. Described	Tuole Mostery Mo mar 1530
WRITE	24a. BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMETER 100, REMOVAL (Specify) 3-14-50	RY OR CREMATORY 24d. LOCATION (City, town, or county) (State)
A	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 14	125. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	3-15-50 REG. Davannah hertelik	Mc Laughlu Bros Sedalia
	(Licensed Embalmer's	Statement on Reverse Side)



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this	s certificate was embalmed by me, or by
	Student Embelmer No.

working under my personal supervision.

Student Embalmer

Licensed Embalmer N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.